STATE OF MICHIGAN GOVERNOR'S TASK FORCE ON CHILD ABUSE AND NEGLECT AND DEPARTMENT OF HUMAN SERVICES

FORENSIC INTERVIEWING PROTOCOL

Third Edition



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PREFACE

In 1991, the Governor's Task Force on Children's Justice was created pursuant to federal legislation to respond to the tremendous challenges involved in the handling of cases of child abuse—particularly child sexual abuse—in Michigan. In August 1993, the Task Force published DHS Publication 794, A Model Child Abuse Protocol—Coordinated Investigative Team Approach.

In 1996, the DHS initiated the development of a forensic interviewing protocol by establishing a steering committee within DHS and enlisting nine county DHS offices to participate as pilot counties in testing the protocol. Debra Poole, Ph.D., of Central Michigan University was contracted by DHS to develop a forensic interviewing protocol. Independent of the DHS project, the Task Force also identified the objective of developing and implementing a forensic interviewing protocol. From 1996 to 1998, DHS and the Task Force worked together with Debra Poole in developing and implementing a protocol that would improve the interviewing techniques of all professionals involved in the investigation of child abuse, especially the sexual abuse of children, in Michigan. The first edition of the Forensic Interviewing Protocol was published in 1998.

In 1998, the Child Protection Law was amended to require each county to implement a standard child abuse and neglect investigation and interview protocol using as a model the protocols developed by the Task Force as published in DHS Publication 794, A Model Child Abuse Protocol—Coordinated Investigative Team Approach and DHS Publication 779, Forensic Interviewing Protocol, or an updated version of those publications.

In September of 2003, the Task Force convened a Forensic Interviewing Protocol Revision Committee to review the original Protocol. In April 2005, the second edition of the Protocol was published. The Committee was reconvened in late 2008. The review of the second edition of the Protocol was completed in 2011. After a careful and complete examination during both revisions, the Committee edited sections for clarity, improved the examples, added Quick Guides, and provided some additional reference material, including relevant statutes. Recent research continues to support the methodology used in Michigan's Protocol.

This Protocol should be used in conjunction with the Task Force DHS Publication 794, A Model Child Abuse Protocol—Coordinated Investigative Team Approach. Proper implementation of DHS Publication 779, Forensic Interviewing Protocol requires professional training. Professionals who have received appropriate training in the application of the Protocol should conduct the interviews of children. The Task Force was renamed the Governor's Task Force on Child Abuse and Neglect in 2010 to better reflect its mission.

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Forensic Interviewing Protocol

Introduction

The goal of a forensic interview is to obtain a statement from a child, in a developmentally-sensitive, unbiased, and truth-seeking manner, that will support accurate and fair decision-making in the criminal justice and child welfare systems. Although information obtained from an investigative interview might be useful for making treatment decisions, the interview is not part of a treatment process. Forensic interviews should not be conducted by professionals who have an on-going or a planned therapeutic relationship with the child.

forensic interviews are hypothesis-testing rather than hypothesis-confirming (see Quick Guide #1)

There are two overriding features of a forensic interview:

- · Hypothesis testing.
- · A child-centered approach.

First, forensic interviews are hypothesis-testing rather than hypothesis-confirming (Ceci & Bruck, 1995). Interviewers prepare by generating a set of alternative hypotheses about the source and meaning of the allegations. During an interview, interviewers attempt to rule out alternative explanations for the allegations. For example, when children use terms that suggest sexual touching, interviewers assess the children's understanding of those terms and explore whether touching might have occurred in the context of routine caregiving or medical treatment. When children report details that seem inconsistent, interviewers try to clarify whether the events could have occurred as described, perhaps by exploring whether the children are describing more than one event or are using words in nonstandard ways. Before closing an interview, interviewers should be reasonably confident that the alleged actions are not subject to multiple interpretations and that any alleged perpetrators are clearly identified.

forensic interviews should be child-centered (see Quick Guide #2)

Second, forensic interviews are child-centered. Although interviewers direct the flow of conversation through a series of phases, children should determine the vocabulary and specific content of the conversation as much as possible. Forensic

Number of Interviewers

one professional should be the primary interviewer, with the other taking a supportive role

Support Persons

interviewers should avoid suggesting events that have not been mentioned by children or projecting adult interpretations onto situations (e.g., with comments such as "That must have been frightening").

Local customs and requirements often dictate how many professionals will be involved in conducting an interview. There are advantages and disadvantages to both single-interviewer and team (e.g., child protection and law enforcement) approaches. On the one hand, children may find it easier to build rapport and talk about sensitive issues with a single interviewer; on the other hand, team interviewing may ensure that a broader range of topics is covered and reduce the need for multiple interviews.

When two professionals will be present, it is best to appoint one as the primary interviewer, with the second professional taking notes or suggesting additional questions when the interview is drawing to a close. Before conducting the interview, interviewers should have sufficient preparation time to discuss the goals for the interview and the topics that need to be covered; interviewers should not discuss the case in front of the child. At the start of the interview, both interviewers should be clearly introduced to the child by name and job. Seating the second interviewer out of the line of sight of the child may make the interview seem less confrontational.

The presence of social support persons during forensic interviews is discouraged. Although it makes intuitive sense that children might be more relaxed with social support, studies have failed to find consistent benefits from allowing support persons to be present during interviews (Davis & Bottoms, 2002). Support persons might be helpful during early portions of interviews, but they might also inhibit children from talking about sexual details. Individuals who might be accused of influencing children to discuss abuse, such as parents involved in custody disputes or therapists, should not be allowed to sit with children during interviews.

If the interviewer deems a support person necessary (a social worker or teacher, for example), this individual should be seated out of the child's line of sight to avoid criticism that the child was reacting to nonverbal signals from a trusted adult. In addition, the interviewer should instruct the support person that only the child is allowed to talk unless a question is directed to the support person.

Videorecording or Audiorecording and Documentation

The Governor's Task Force on Child Abuse and Neglect supports as a best practice the videorecording of investigative forensic interviews of children at child advocacy centers or in similar settings. If your county videorecords or audiorecords, follow the procedures suggested below.

A designated person should write on the recording label the interviewer's name, the child's name, the names of any observers, and the location, date, and time of the interview. Michigan law states, in part, that the videorecorded statement shall state the date and time that the statement was taken; shall identify the persons present in the room and state whether they were present for the entire videorecording or only a portion of the videorecording; and shall show a time clock that is running during the taking of the statement (see Appendix, Videorecording Laws). All persons present in the interview room should be clearly visible to the camera and positioned so as to be heard. Rooms should be large enough to place videorecording equipment at an acceptable distance from the child, but not so large that a single camera (or a two-camera setup) cannot monitor the entire room. Recording reduces the need to take notes during the interview. However, the interviewer may bring a list of topics to be discussed during the interview and may jot down notes during the interview to help remember which points need to be clarified.

If the interview is not being videorecorded or audiorecorded, it is paramount that the interviewer or a designated person accurately document what the child says. Beginning with introducing the topic, the interviewer should try to write down the exact wording of each question as well as the child's exact words. It is efficient to use abbreviations for common open-ended prompts (e.g., "TWH" for "then what happened" or "TMM" for "tell me more").

The Physical Setting

The best environment for conducting forensic interviews is a center specifically equipped for this purpose. Centers often have comfortable waiting rooms with neutral toys and games, as well as interviewing rooms with video and audio links to observation rooms. The interview room should provide a relaxing environment that is not unnecessarily distracting to young children.

Interviewers who do not have access to an interviewing facility should try to arrange a physical setting that recreates some of the important features of specialized centers. First, select the most neutral location possible. For example, if the interview must be conducted in the home (in an emergency or if the child is preschool age or on school break), select a private location away from parents or siblings that appears to be the most neutral spot. Similarly, a

the interview room should be friendly but uncluttered and free from distracting noises and supplies speech-and-language room in a school might be a better choice than the principal's office because children often believe they are in trouble when they are called to the main office. Also, children may worry about being interviewed in a police station, and thus they might benefit from an explanation about why they are being interviewed there (e.g., "We like to talk to children over here because the rooms are nice and bright, and we won't be disturbed").

Second, select locations that are away from traffic, noise, or other disruptions. Items such as telephones, cell phones, televisions, and other potential distractions should be temporarily turned off.

Third, the interview room should be as simple and uncluttered as possible, containing a table and chairs. Avoid playrooms or other locations with visible toys and books that will distract children. Young children are usually more cooperative in a smaller space that does not contain extra furniture. Moreover, children pay more attention when attractive items such as computers are temporarily removed from the interview space.

Interviewer Guidelines

be relaxed and avoid emotional reactions to a child's description of abuse

Several guidelines about interviewer behavior, demeanor, and communication should be followed throughout the interview (adapted from Poole & Lamb, 1998):

- Avoid wearing uniforms or having guns visible during the interview.
- Convey and maintain a relaxed, friendly atmosphere. Do not express surprise, disgust, disbelief, or other emotional reactions to descriptions of the abuse.
- Avoid touching the child.
- Do not use bathroom breaks or drinks as reinforcements for cooperating during the interview. Never make comments like "Let's finish up these questions and then I'll get you a drink."
- Respect the child's personal space.
- Do not stare at the child or sit uncomfortably close.
- Do not suggest feelings or responses to the child. For example, do not say, "I know how hard this must be for you."
- Do not make promises. For example, do not say, "Everything will be okay" or "You will never have to talk about this again."
- Acknowledge and address the child's feelings if the child becomes upset, embarrassed, or scared, but avoid extensive comments about feelings. Comments such as "I talk with children about these sorts of things all the time; it's okay to talk with me about this" can be helpful.